



COVID-19 Testing Specimen Submission Guidelines

Specimen Collection for Molecular Testing

Please review guidelines recommended by the Centers for Disease Control and Prevention to ensure the appropriate infection control precautions are in place **before** collecting any specimens

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>).

Acceptable specimen types for collection:

1. Upper Respiratory Specimens

- i. **Nasopharyngeal (NP) swab** only in viral transport media (VTM), Universal Transport Media (UTM) or Aptima Specimen Transfer Tube [Cat No. PRD-05110 or 301154C (green label)].

Please see the video for additional instructions on NP swab collection:

<https://www.youtube.com/watch?v=DVJNWefmHjE>

OR

- ii. **Oropharyngeal (OP) swab** in VTM, UTM or Aptima Multitest Swab Specimen Collection Kit [Cat. No. PRD-03546 (orange label)]

OR

- iii. **Nasal swab** in VTM, UTM or Aptima Multitest Swab Specimen Collection Kit [Cat. No. PRD-03546 (orange label)]

Swab specimens should be collected using only swabs with a synthetic tip, such as nylon or Dacron, and an aluminum or plastic shaft. Calcium alginate swabs are unacceptable and swabs with cotton tips and wooden shafts are not recommended. ESwabs in Amies media are currently not a valid specimen type for COVID-19 testing.

After collecting the specimen, please use scissors to cut the swab so that it can fit inside the transport media tube. Once the swab has been cut, please disinfect the scissors to ensure that there is no cross contamination from one sample to the next. For a list of disinfectants effective in inactivating SARS-CoV-2, please refer to the EPA approved list below.

(<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>).

A health care facility that requires swabs or transport media should contact the DC DFS PHL via email (DFS-COVID19@dc.gov) to request collection supplies. Please indicate how many kits you require in the email. Swabs and transport media should only be used for testing conducted at DFS PHL.

2. Lower Respiratory Specimens

- i. ***Sputum***- Have the patient rinse the mouth with water and then expectorate deep cough directly into a sterile, leak-proof, screw-cap sputum collection cup or a sterile dry container.
- ii. ***Bronchoalveolar lavage (BAL)*** - Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.



Specimen Collection for Serology (IgG) Testing

Collect at least 5 mL of blood in a plastic serum separator tube (SST). Gold top tubes with gel serum separator, preferred. Centrifuge the SST according to blood collection manufacturer's instructions for separation of serum from whole blood.

Please refrigerate SST at 2-8°C after centrifuging the specimen. Please do not freeze the tubes as it will result in hemolysis which is not recommended for testing.

Specimen Storage

All specimens collected for molecular testing must be refrigerated (2-8°C) promptly after collection and couriered/shipped on cold packs within 72 hours. Specimens being held for >72 hours must be stored at -70°C and couriered/shipped on dry ice.

All specimens collected for serology testing must be refrigerated at (2-8°C) promptly after collection and couriered/shipped on cold packs within 5 days of collection. Specimens being held for >5 days must be stored at -20°C and couriered/shipped on dry ice.

Please do not freeze specimens if courier pick up will occur within 24 hours. It is very important that you contact DFS-COVID19@dc.gov as soon as the specimen is collected so that a courier can be ordered to pick up the specimen.

Paperwork

Any specimen being sent through the DC DFS PHL must have the following paperwork accommodating the specimen:

1. [DC DFS PHL External Chain of Custody \(CoC\)](#)
2. [DC DFS PHL Test Requisition Form](#)

All paperwork can additionally be found on DC DFS PHL's website under forms and documents:

<https://dfs.dc.gov/publication/phl-forms-and-documents>

Only one DC DFS PHL test requisition form (example provided below) and one chain of custody for each set of specimens is required for testing.

If you would like to be signed for the DFS PHL web portal which allow for electronic ordering and PDF report, please email DFS-COVID19@dc.gov

Please ensure that all specimens submitted and their respective test requisition form has the following information on it:

- Full name of patient
- Date of birth
- Unique patient identifier (e.g., medical record number, patient ID)
- Date and time of specimen collection

Incorrectly labeled requisitions and specimens will result in testing delays.



Courier Request

Once specimens are ready for pick up and the appropriate paperwork is completed, please email DFS-COVID19@dc.gov using the following template to request a courier:

- Sample type (NP/OP)
- Storage conditions (refrigerated/frozen)
- Name of Facility
- Address of Facility (including the room number)
- Point of Contact
- Point of Contact Phone Number

Do NOT include patient identifiers in the body of the email.

Please contact the DC Department of Forensic Sciences Public Health Laboratory for questions pertaining to testing

Phone: 202-727-8956 (Monday-Friday from 8:30am-5:30pm) | 202-868-6561 (after-hours calls) |

Fax: 202-481-3936 | Email: DFS-COVID19@dc.gov



Example of PHL Test Requisition Form (1 per patient)



District of Columbia • Department of Forensic Sciences • Public Health Laboratory
401 E Street SW • 4th Floor • Washington, DC 20024 • Phone (202) 727-8956 • Fax (202) 481-3464
General Laboratory Services Request Form
PHL Director: Anthony Tran, DrPH, MPH, D(ABMM)
CLIA#: 09D0968273



Patient Information		*Required Information	
Last Name*	First Name*	Middle Initial	Suffix
Date of Birth* (MM/DD/YYYY)	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	If Female, Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Address	City*	State*	ZIP
Sample ID (Laboratory ID, Outbreak#, Zika#, etc.)*		Medical Record Number	
Health care provider with same NPI number requesting testing			
Name of Submitting Hospital, Laboratory, or other Facility*		Healthcare Provider NPI #*	
Health Care Provider	Last Name*	First Name*	
Address (include room)*	Requests will be faxed to this number. Critical values will result in a phone call.		
Primary Contact (If not the Health Care Provider)	Last Name	First Name	
Telephone #* (primary)	Secure Fax #**	Email	
** Final report will be sent to the fax number above			
Specimen Information			
Date of Collection* (MM/DD/YYYY):		Time of Collection*:	
Reason for Submission* <input checked="" type="checkbox"/> Diagnostic <input type="checkbox"/> Outbreak <input type="checkbox"/> Other		Request: DC Health Contact:	
Specimen Type (check all that apply)* <input type="checkbox"/> Blood Culture Bottle <input type="checkbox"/> Isolate <input type="checkbox"/> Cary-Blair <input type="checkbox"/> E-Swab <input type="checkbox"/> Swab <input checked="" type="checkbox"/> UTM <input checked="" type="checkbox"/> VTM <input type="checkbox"/> Slide <input checked="" type="checkbox"/> Sterile Container <input checked="" type="checkbox"/> Blood Tube (Plasma, Serum or Whole Blood) Serum <input type="checkbox"/> Other (specify)			
Specimen Source* <input type="checkbox"/> Abscess <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Bronchoalveolar Lavage <input checked="" type="checkbox"/> Bronchial Wash <input type="checkbox"/> Buccal <input type="checkbox"/> CSF <input type="checkbox"/> Endocervical <input checked="" type="checkbox"/> Nasopharynx (NP) <input checked="" type="checkbox"/> Oropharynx (OP) <input checked="" type="checkbox"/> NP/OP <input type="checkbox"/> Plasma <input type="checkbox"/> Rectal <input checked="" type="checkbox"/> Serum <input checked="" type="checkbox"/> Sputum, expectoration <input checked="" type="checkbox"/> Sputum, induced <input type="checkbox"/> Stool <input type="checkbox"/> Throat <input type="checkbox"/> Tissue <input type="checkbox"/> Urethral <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Other (specify)			
All specimens approved for testing all highlighted			
Serum is the only acceptable specimen type for serology testing.			
BT RULE-OUT [§]		MOLECULAR	
<input type="checkbox"/> r/o <i>B. anthracis</i>		<input type="checkbox"/> Ebola (PCR)*	
<input type="checkbox"/> r/o <i>Brucella sp.</i>		<input type="checkbox"/> Novel Influenza (PCR)*	
<input type="checkbox"/> r/o <i>Burkholderia sp.</i>		<input type="checkbox"/> Norovirus (PCR)	
<input type="checkbox"/> r/o <i>F. tularensis</i>		<input type="checkbox"/> Middle East Respiratory Syndrome (MERS-CoV) (PCR)*	
<input type="checkbox"/> r/o <i>Y. pestis</i>		<input type="checkbox"/> <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> (TMA)	
<input type="checkbox"/> Other(specify):		<input type="checkbox"/> Mumps (PCR)*	
MICROBIOLOGY/GENERAL BACTERIOLOGY		<input type="checkbox"/> Measles Virus (PCR)*	
<input type="checkbox"/> OCME		<input type="checkbox"/> Arbovirus Detection Panel (chikungunya, dengue and Zika) (PCR)*	
<input type="checkbox"/> Referred Isolates		<input checked="" type="checkbox"/> SARS-CoV-2 (PCR)	
		SEROLOGY	
		<input type="checkbox"/> Measles Virus (IgG)*	
		<input type="checkbox"/> Zika Virus (IgM)*	
		<input checked="" type="checkbox"/> SARS-CoV-2 (IgG)	
		VIRAL CULTURE	
		<input type="checkbox"/> Respiratory DFA with Reflex to Viral Culture (Adenovirus, Respiratory Syncytial Virus, Influenza A, Influenza B, Parainfluenza 1, 2 & 3)	
OTHER TESTS			
<input type="checkbox"/> Test Name (specify)			
+ DC Health must approve testing prior to sending any isolate or specimen to the Public Health Laboratory § Call the Public Health Laboratory prior to sending any suspected isolate or specimen			

Last updated: 05/11/2020

Example of PHL External Chain of Custody (10 per patient)



District of Columbia • Department of Forensic Sciences • Public Health Laboratory
 401 E Street SW • 4th Floor • Washington, DC 20024 • Phone (202) 727-8956 • Fax (202) 481-3464
General Laboratory External Chain of Custody
 PHL Director: Anthony Tran, DrPH, MPH, D(ABMM)
 CLIA#: 09D0968273



Specimen Submitted by:

Hospital/Clinic _____
 Point-of-Contact Name _____
 Phone _____
 Fax _____
 E-mail _____
 Signature _____
 Date _____ Time _____

Specimen Received By:

Courier Name _____
 Date _____ Time _____
 Initials _____

Ten (10) specimens can be placed on one external chain of custody

Bronchoalveolar Lavage, Bronchial Wash, Nasopharynx (NP), Oropharynx (OP), Combined NP/OP, Serum, Sputum (expectorated or induced)


#	Unique Specimen Identifier (e.g., MRN, sample ID)	Sample type (e.g. serum, tissue, isolate)	Date of Birth	Collection Date	Comments
1	Can also be patient first and last name				
2					
3					
4					
5					
6					
7					
8					
9					
10					

This section is for DC PHL use only

Specimens received by _____ Date/Time _____ Storage Temp _____



Example of Courier Request E-mail Template

 Send	To	<u>DFS-COVID19</u>
	Cc	
Subject		COVID-19 Specimen Ready-to-Pick up Request

Dear DFS PHL,

I am requesting a courier for 4 specimens to be picked up for SARS-CoV-2 testing.

- Type of specimen (NP/OP): **(4) NP Swabs**
- Address of the facility (including room number): **401 E St SW, Washington, DC, 20024 (Floor 4)**
- Point-of-contact name: **John Doe**
- Point-of-contact phone number: **202-727-8956**
- Storage condition of the specimen (refrigerated/frozen): **Refrigerated**
- Is paperwork complete? **Yes**

Thank you,